

PLAINTIFF NAME	DATE OF BIRTH (mm/dd/yyyy)	LAST 4 OF SSN	AGE AT IMPLANT OF 1 <sup>ST</sup> ETHICON PRODUCT	STATE WHERE IMPLANT OCCURRED	SPECIFIC PRODUCT(S) IMPLANTED W/DATE OF EACH IMPLANT (NOT LIMITED TO ETHICON PRODUCTS (mm/dd/yyyy)	DATE OF EACH SURGERY UNDER GENERAL ANESTHESIA** RELATED TO IMPLANTED MESH DEVICES (mm/dd/yyyy)	NATURE OF EACH SURGERY UNDER GENERAL ANESTHESIA ***	DATE OF EACH OFFICE EXCISION/ REVISION NOT UNDER GENERAL ANESTHESIA (mm/dd/yyyy)	FOR THOSE WITH NO SURGERY OR OFFICE REVISION, NO. OF MONTHS OF CONTINUOUS TREATMENT UNDER A PHYSICIAN'S SUPERVISION FOR MESH- RELATED COMPLICATIONS****	SURGERY RECOMMENDED BY A TREATING PHYSICIAN BUT NOT YET PERFORMED  Y/N	RECURRENCE W/NO ADDITIONAL SURGERY  Y.N	MEDICAL RECORDS DOCUMENT INJURY  (Y/N)	SUPPORTING MEDICAL RECORDS PREDATE FILING OF COMPLAINT  (Y/N)	GOVERNMENT MEDICAL LIEN (MEDICAID, MEDICARE, ETC.)  Y/N	OTHER INTERESTED COUNSEL

*\*Identify what product was implanted on each date, if there are multiple implantation dates.*

*\*\*General anesthesia is the induction of a state of unconsciousness with the absence of pain sensation over the entire body, through the administration of anesthetic drugs. First surgery means post implantation and would include any surgery under general anesthesia due to mesh issues, even if no mesh was removed.*

*A surgical procedure on one date can only be listed once (i.e., if one surgery has removal of both a prolapse product and an SUI product).*

*\*\*\*Surgical procedures should be identified by these descriptions: partial explant (due to mesh complications); full explant (due to mesh complications); implant following recurrence; implant for de novo condition; other*

*\*\*\*\*Include the nature of the treatment rendered to the individual.*

**TO BE CERTIFIED BY ATTORNEY OF RECORD THAT THE INFORMATION IS BASED UPON A REVIEW OF THE PLAINTIFF’S MEDICAL RECORDS**